

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/800839</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		2		2	53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8	1	1	1	1	1	1	58						
9		1		1		1	59						
10		1		1		1	60						
11		1		1		1	61						
12		1		1		1	62						
13		2		2		2	63						
14		2		2		2	64						
15		2		2		2	65						
16		2		2		2	66						
17		2		2		2	67						
18	1		1		1		68						
19	1		1		1		69						
20			1		1		70						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		7		8		TOTAL IND.						
TOTAL DEP.	21		18		17		TOTAL DEP.						
TOTAL CLAIMS	24				25		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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